

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1941

Registration District No. 490

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5853

State File No.

Registrar's No. 10

28758

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Whiteside
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community about 70 yrs
years, months or days)

3. (a) PRINT
FULL NAME

Samuel L. Tucker

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex male

5. Color or
race white

6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife
Ida Tucker

6. (c) Age of husband or wife if
alive 63 years

7. Birth date of deceased Sept 23 1871
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

69 10 28

hr. min.

9. Birthplace

Whiteside

(City, town, or county)

(State or foreign country)

10. Usual occupation

merchant

11. Industry or business

merchant

MOTHER FATHER

12. Name Henry C. Tucker

13. Birthplace Linn

(State or foreign country)

14. Maiden name Sarah Lang

15. Birthplace Linn

(State or foreign country)

16. (a) Informant

Ida Tucker

(b) Address

Whiteside

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Aug 24 1941

(Month) (Day) (Year)

(c) Place: burial or cremation

Mill Creek

18. (a) Signature of funeral director

W. H. Zoch

(b) Address

Edina

19. (a)

Aug. 23 1941

(Date received local registrar)

B. M. Zoch

(Registrar's signature)

459

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Whiteside
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1941 hour 5 minute 40 A.

21. I hereby certify that I attended the deceased from March 1941 to August 21 1941
that I last saw him alive on August 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of
left maxillary bone

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

J. B. Hogg (M. D. or other)
J. H. Whiteside Mo. Date signed 8/21-41

FEB 10 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. 2342 working under my personal supervision.

Signed Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.